SARASOTA FAMILY YMCA, INC.
New Balance Ringling Bridge Run VI
Childwatch Enrollment Form

Participant Information

Child's Name:_____ Today's Date:_____
Last First

Home Address:_____
Street Apt. City Zip

Home Phone:_____ Date of Birth:___/___/___ Age:_____ Gender: M F

E-mail (to send directions and info) :_____

List ANY Allergies: _____

Doctor:_____ Phone #_____

Parent/Guardian Information

Mother's Name:_____ Home Phone #:_____

Work Phone #:_____ Cell Phone #:_____

Father's Name:_____ Phone #:_____

Work Phone #:_____ Cell Phone #:_____

Emergency contact person (not participating in race):

Phone

Child's legal custody belongs to (Circle One): Mother Father Mother & Father Guardian

Consent and Liability Release

- I understand the YMCA will make every effort to contact me in case of an emergency pertaining to my child. If I, or another designee listed on this form cannot be contacted, the YMCA has my permission to seek medical attention for my child in the event of an emergency.
- I have received, read, and understand the parent information for the program including the policies, goals and philosophy of the program in which my child in enrolled. In particular, I also agree to and understand the policies on payments for services and discipline as presented to me.
- In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, AND DISCHARGE AND COVENANT NOT TO SUE the Sarasota Family YMCA, Inc., their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA staff, directors, members and guests.
- I agree that only the adults listed on this form are permitted to remove my child from the YMCA program unless I otherwise notify the YMCA in writing. Under no circumstances will phone calls authorizing pick-up be accepted at any time. Photo id is required for pick up.
- I give permission for the use of photographs of my child in YMCA brochures and photo collections.
- I certify to the best of my knowledge that everything on this health form is correct and the child herein is in good health and not carrying any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified on this form.

Parent/Guardian Signature:_____ **Date:**_____

*** Please return by mail or fax to Devin Morse @ 1075 .S Euclid Ave. Sarasota, Fl 34237 or (941)955-7531. Thank you!**